



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
CN 712
TRENTON, NEW JERSEY 08625
(609) 588-2600

WILLIAM WALDMAN
Commissioner

SAUL M. KILSTEIN
Director

MEDICAID COMMUNICATION NO. 93-17

DATE: August 16, 1993

TO: COUNTY WELFARE AGENCY DIRECTORS

SUBJECT: Medical Eligibility Determination for Medicaid Hospice Recipients

EFFECTIVE: Immediately

The purpose of this Medicaid Communication is to notify the County Welfare Agencies (CWA) of procedural changes being implemented by the Division which will simplify and accelerate the determination of Medicaid eligibility for hospice services for those individuals for whom the Division of Medical Assistance and Health Services (DMAHS) assumes responsibility for the disability determination. Individuals who are over 65 years of age, or receiving Medicare, or receiving Social Security Disability Insurance Benefits under Title II or Supplemental Security Income (SSI) under Title XVI, or who are receiving AFDC are **not** required to be evaluated by the Medicaid Disability Review Section.

The following process also ensures that a Medicaid recipient of hospice services **continues to meet** the Medicaid categorical eligibility requirements and medical criteria to receive hospice services after the first six months of receiving hospice services.

BACKGROUND: In order to receive hospice services through Medicaid, an individual must be determined Medicaid eligible and must meet the hospice medical requirements. In the eligibility categories of blind and disabled, required medical disability determinations have been modified.

For the first six months of Medicaid eligibility, only for those recipients receiving hospice services, the CWA will establish disability for individuals normally under the State's jurisdiction based **solely** on a physician's certification of terminal illness, as indicated on the FD-385. Accordingly, except as noted below, no additional paper work is required to establish categorical eligibility for these cases.

If the individual survives beyond the initial six-month period, the hospice is required to complete a medical recertification of terminal illness. For those individuals who were determined disabled by the CWA, and who require and elect to continue to receive hospice services after the initial six months, additional

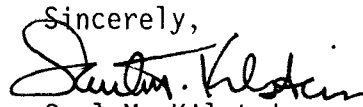
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medical documentation will be required. This process will be coordinated by the Disability Review Section and the information will be obtained directly from the hospice agency. No action is required by the CWA, except in the rare instance that a case is denied for disability.

To assist with the identification and tracking of such cases, the County Welfare Agencies must inform the Disability Review Section through the completion of the Medical-Social Information Report (DRS-2)(4-89)(PA-6). This form should be completed immediately after eligibility for hospice services is determined. To identify the recipient on this form, enter in Section B: Program, under Program Eligibility, the statement "Hospice". The completed PA-6 form and a copy of the Physician Certification/Recertification Form (FD-385) should be sent to the following address:

Division of Medical Assistance and Health Services
Office of Eligibility Policy and Operations
Disability Review Section
Mail Code #32
CN-712
Trenton, New Jersey 08625-0712

For questions or additional information about this Medicaid Communication, please write to Ronald Klein, Office of Eligibility Policy and Operations, Disability Review Section, Mail Code #32, CN-712, Trenton, New Jersey 08625-0712 or telephone him at 609-588-2934.

Sincerely,

Saul M. Kilstein
Director

SMK:jms

cc: Marion E. Reitz
Division of Family Development

Nicolas Scalera, Director
Division of Youth and Family Services